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The Ohio Public Health Journal

Vol. XI. FEBRUARY-MARCH, 1920. Nos. 2 and 3

EDITORIALS

Misrepresentation As to V. D. Law Enforcement

The evidence obtained from judges in regard to the effect of laws and regulations for the control of venereal diseases is so clearcut as to discredit completely certain charges to the effect that these measures have worked injustices.

The summary of the investigation is presented in this magazine. The unanimous opinion of officials who have had an opportunity to study the situation impartially, this summary shows, is that the control measures which have been placed in operation are necessary and proper.

There appears no foundation whatever for vague charges that enforcement of such regulations has been accompanied by injustice. On the contrary, it is quite evident that repressive activities have had a most beneficial effect in many centers.

The inquiry, however, shows that in many small cities little in the way of positive results can be credited to the regulatory measures. "We have no venereal disease problem in our rural community," is too frequent a statement — too frequent because in nine cases out of ten it is probably untrue. The local official who thinks his town is too small to have a venereal disease problem would do well to inquire among physicians and among former members of the local draft board. The town which is proved by such an investigation to be comparatively free from venereal infections will be rare. To make any contrary statement is to ignore a dangerous situation.

Confident in the necessity and propriety of such regulation, local authorities who have been enforcing venereal disease control measures strictly should continue that policy, and those who have ignored the duty should awake to the imperative need for action.

* * *

The Keeping Fit Campaign — School Officials Should Investigate

From high school principals and from high school boys themselves, scattered all over the country, come enthusiastic endorsements of the "Keeping Fit" campaign which the United States Public Health Service and the various

state health departments have been carrying on in the schools for some months.

School officials who are not yet familiar with the work would do well to investigate it. The Ohio State Department of Health has enlisted the aid of the Y. M. C. A. in carrying on this campaign and intends within the present year to carry the movement into every high school in Ohio.

Lantern slides and printed charts make up an exhibit which tells in striking pictures and simple language the benefits of clean and healthful living. It is designed to make a forcible impression upon the boy of high school age and many comments indicate that it achieves that purpose. A brief talk accompanies the exhibit, but no extended lecture is necessary, as the charts and slides tell their own story.

The State Department of Health, while it intends to reach every high school in its own campaign, strongly advises that each school purchase an outfit of its own, if that course is at all possible. With the necessary equipment in the possession of the school, the exhibit can be repeated each year or at such other intervals as may be necessary to get the message before each new group of boys.

School superintendents and principals are urged to investigate this worth-while movement. Any advice or information that may be desired will be furnished gladly by the State Department of Health.

* * *

Health Commissioners Invited to Seek Advice of Department

The State Department of Health extends to all members of new boards of health, to all new health commissioners and to health workers of all other classes a cordial invitation to apply to it for any information or advice they may need.

The Department's staff includes expert representatives of many different phases of public health work, whose specialized knowledge is at the disposal of all applicants.

Personal attention will be given to all inquiries. Questions and answers which are considered to be of possible interest to persons other than the inquirer will be published in the "Comment and Queries" department of the OHIO PUBLIC HEALTH JOURNAL.

* * *

Diphtheria — the First Chance Offered District Boards for Real Life Saving

"Section 1261-29. Each district board of health shall provide for the free distribution of antitoxin for the treatment of cases of diphtheria and shall establish sufficient distributing stations to render such antitoxin readily available in all parts of the district."

This section of the Hughes Act, left unchanged when the law was amended, offers to each of the new district boards of health an opportunity to effect an immediate saving of life in its territory.

Diphtheria is highly prevalent in many parts of the state. Immediate provision for free distribution of antitoxin will speedily reduce the death toll to a minimum.

Some months ago this magazine presented a statement of definite results which followed the installation of free antitoxin distribution in Salem, Ohio, in 1900; only one diphtheria death occurred in the ten years following this change, although forty-eight had been reported in the preceding decade. Thirty-six lives were saved, it was computed on the basis of reported morbidity figures, at a cost of $220, or six dollars per life.

By acting immediately to carry out the duty imposed by the law, each district board of health in Ohio can effect a saving of life comparable to that mentioned. Indeed, Salem is only one of many cities where such records have been achieved. That all cities have not done equally well is a sad blot on the records of many health boards.

Has your district board of health made provisions for free distribution of antitoxin to all diphtheria patients? If it fails or delays in the performance of this important duty, it takes upon itself the unenviable weight of responsibility for many preventable deaths.

* * *

Development of Nursing Service Ever since it began to encourage improvement of local health administrative facilities in Ohio, the State Department of Health has taken the position that such improvement must be based very largely upon extension of public health nursing service, especially in the rural areas. Accordingly when the Hughes bill was drawn up it made the employment of at least one nurse mandatory in each health district.

The amendments to the Hughes Act leave the employment of nurses to the discretion of the district board of health. The amended law, however, leaves the way open, if the district board chooses to follow it, for as extensive development of nursing service as was possible under the original measure.

The State Department of Health urges all local health boards to give careful attention to the question of nursing service and encourages citizens of the State to demand adequate nursing service from the boards.

Through her personal contact with the people in their homes the public health nurse gains an influence which surpasses that of any other

class of public health worker. Sanitation, personal hygiene, care of the sick — all these subjects can be taught by the nurse in the course of her daily work.

A community which has once installed a nurse is extremely unlikely to discontinue her services, records of the work in Ohio show. The nurse soon proves her value.

No community can hope to attain the best health standards within its reach if it does not provide public health nursing service. Your community needs a nurse.

* * *

The District Program for V. D. Control

One practically untouched field of work lies before the new health boards of the general districts and the smaller city districts — that of venereal disease control. The venereal infections are known to be highly prevalent through the State, but outside the larger cities almost nothing has been done to improve conditions.

In formulating its program every district board should give ample consideration to the venereal disease problem. No health program can be considered well rounded unless it makes due provision for checking these diseases, which are responsible for so large a share of the sufferings and afflictions of mankind.

It must be recognized, of course, that a full-fledged venereal disease control campaign can not be set in motion over night. Boards of health are strongly urged, however, to develop this activity as rapidly as possible.

A free clinic should be established as soon as finances can be adjusted to permit. Experience has demonstrated that treatment of cases is the first essential in a movement to restrict the spread of venereal diseases. If a clinic can not be opened immediately, the health commissioner should take advantage of the offer of the State Department of Health to prove free arsphenamine for treatment of indigent syphilitics when the application for the drug is approved by the local health commissioner and when that official guarantees that the physician administering it will make no charge for his services. Attention of the local physicians should be called to this provision and their co-operation should be enlisted.

The offer of treatment should be supplemented by active support of local police authorities in the control of prostitution and by educational measures to spread information in regard to sex hygiene.

The State Department of Health, through its Bureau of Venereal Diseases, stands ready to give all possible advice and assistance to local health officials in fighting venereal diseases, and will be glad to discuss the situation with any health commissioner.

* * *

Does Your County Need a Trachoma Survey?

How much trachoma has your community? The State Department of Health will help you ascertain the answer to this question, and will help you cure the persons found afflicted with this dangerous eye disease.

Through the united efforts of the Federal and State authorities and the people of local communities in the State, a great drive against trachoma is being carried out. Already, in three counties, surveys have been made and hundreds of persons have been given curative treatment which will save them from blindness.

The State Department of Health, with the support of the United States Public Health Service, will furnish expert medical service to a county or city desiring a trachoma survey and clinic. The local community is expected to provide transportation needed by workers in the course of the survey and to provide suitable quarters for the clinic.

Work of tremendous value has been done in Scioto, Ross and Butler counties. Many other counties, without doubt, are heavily infected with trachoma. If they neglect the problem, many victims who could now be cured are going to suffer serious impairment of vision or total blindness.

Every week of delay permits additions to the heavy toll of a disease which can readily be controlled.

Ohio Judges and Their Stand on Control of Prostitution

OHIO judges who are in a position to observe the workings of the State laws and regulations for the control of prostitution and venereal diseases see no foundation for certain vague objections which have been made against laws of this nature, in effect in many states. This fact is clearly established by replies submitted by these officials in answer to a questionnaire sent out by the State Department of Health, at the request of the United States Public Health Service. The Public Health Service was interested in getting definite information as to the workings of venereal disease control measures and in tracing down allegations that such activities have worked injustices.

The questionnaire submitted by the Ohio State Department of Health to more than two hundred common pleas, probate, juvenile, municipal and police judges and mayors acting as police judges was as follows:

1. Has the enforcement of venereal disease control regulations resulted in innocent girls being subjected to personal indignities?

Under this question it is desirable to submit figures, if they are available, for a given period:

a. Number of persons of each sex examined.

b. Number of persons of each sex found diseased.

c. Number of persons of each sex isolated in detention hospitals.

d. Number of women who have been unjustly required to submit to examination.

2. Number of cases where health or police officials have misused the authority given them by venereal disease control regulations.

3. Any other information bearing on the subject of inquiry, which, in your judgment, should be contained in this report.

The following explanatory letter accompanied the questionnaire:

America today is perhaps more free from commercialized prostitution than any nation in the world's history has ever before been. This situation is the gratifying result of energetic measures undertaken by our citizenship, aroused as it was by disclosures of the war.

But now that the war emergency is past, the vice interests, driven to cover when we rallied to the national defense, are seeking to renew their fight for existence. The persons who are commercially interested in prostitution are seeking to re-create their sources of income.

Realizing that they cannot afford to fight in the open and admit their motives, these representatives of the underworld are employing the time-honored weapon of misrepresentation. They are starting false rumors of wrongs committed in enforcing the law, laying particular emphasis on alleged indignities suffered by virtuous girls in being submitted to physical examination. Careful investigation of several such rumors has demonstrated their falsity.

Experience of the war, however, showed us the danger in such insidious propaganda. It showed us the folly of ignoring these rumors — mere lack of denial is enough to convince many persons that the reports are true. It showed us also that simple denial is not enough to check such reports — that false charges must be met with facts which will demonstrate their falsity.

To compile authoritative information that can be used in an analysis of the scope and operation of venereal disease control legislation in Ohio, with particular reference to charges that have been made, we are seeking the assistance of judges and of mayors who act as police judges. You are asked to give

the most complete information at your disposal on the subjects mentioned in the enclosed questionnaire.

Specific charges made in the attack upon venereal disease control measures undertaken in this and other states are these:

1. The venereal disease control movement contemplates the punishment of women only and does not include the male partner.

2. The venereal disease control movement is an effort to make illicit sexual intercourse safe for men.

3. The enforcement of venereal disease control regulations results in gross indignities to, and personal examination of, virtuous girls.

4. With the arbitrary power given to health officers, no decent woman is safe from suspicion and liability to detention and examination.

Among those who have heard and believed stories in support of these charges are a few members of certain women's organizations. Actuated by their natural desire to protect their "unfortunate sisters," some of these women are finding fault with the legislation now in effect. An inquiry such as we are undertaking, tending to develop complete information on the points in question, will be welcomed, we believe, by representative women of Ohio and other states.

An expression of your personal experience from contact with the problem in your court, we further believe, will be of particular value.

We recognize that the compilation of the information desired will necessitate some effort on your part, but we trust you will agree with us that the usefulness of the data will warrant the effort expended.

Sixty-five officials replied to the questionnaire. Most of those who failed to reply are in the smaller communities, where the importance of venereal disease control has not yet been adequately appreciated. Many of the replies received from such communities showed that local officials were ignoring the problem. On the main point at issue, however, that of charges directed at the control activities, the officials who replied were unanimous in the declaration that in their experience the enforcement of venereal disease control regulations had not resulted in the submission of innocent girls to personal indignities, or in any other misuse of authority by officials.

Additional comments made by several of the officials replying, showed, moreover, that the operation of the venereal disease control regulations meets, in general, with the unqualified approval of those who are in the best possible position to express a judgment on the question. The following are a few striking paragraphs selected at random from letters which accompanied the questionnaires:

From a juvenile judge:

Investigation of venereal disease control has not resulted in innocent girls who have come before the Juvenile Court being subjected to personal indignities.

No girl has been unjustly required to submit to an examination. Nearly all the examinations of girls between the ages of thirteen and eighteen were made as much to determine immorality as disease. No innocent girl during the last two years has objected to the examination. All have been willing and desired it as a means of clearing themselves of the charge or gossip of immorality.

No case has come to my notice where health or police officers have misused the authority given them by the venereal disease control regulations.

From the chief probation officer in a rural county:

In a rural community like ours no records are available for the submission of figures, but from my experience in juvenile court work for a period of the past four years I am of the opinion that the danger of an innocent girl being subjected to personal indignity is negligible.

As to question 2, I have never heard of the misuse of authority on the part of police or health officials, but I am strongly of the opinion that the most absolute privacy in such investigations is required.

I regret that I am not able to give you a more authoritative report, and I

should like to express my appreciation of the good taste which marks the work of the government along these lines. I use your "Keeping Fit" and other brochures when occasion demands, and find them invaluable.

From a city manager:

I am sorry to say but this town is like most small towns — very little thought is given to the control of venereal disease. Of course we do not allow any houses to operate and we do all that we can to discourage illegal relations between men and women, but no one has been examined by any public officials. I should say, though, that the charges made against the present plan as practiced in this state and others are ridiculous and that any persons thought to be diseased should be forced to submit to a proper examination.

From a probate judge:

I wish to take this opportunity to state that I consider the control of venereal disease as absolutely necessary, and base my opinion on the lunacy cases and feeble-minded cases that come before me. I have no hesitancy in stating that at least fifty percent of the men who are committed to the State Hospitals for lunacy, are syphilitic, and their mental trouble is caused by that terrible disease.

It has always been a wonder to me that the health authorities placard the home and quarantine the patient for such diseases as chickenpox, measles, etc., when they allow a person with an active case of syphilis to move about without any restrictions, and it is indeed gratifying for me to know that more stringent laws are to be enforced for the control of venereal diseases.

From a common pleas judge:

My experience has led me to the belief that a loose woman afflicted with venereal disease is a menace to the community, and while it is true that the punishment of the woman rather than the man is contemplated, such is natural from the nature of the case, and the claim that the control movement is an effort to make illicit sexual intercourse for men safe, is too silly to affect the judgment of any sensible person.

I have had no cases at all come to my attention where innocent girls have been subjected to any indignities on this account, and decent women certainly have no cause for fear if they have not subjected themselves to suspicion by their own actions. I have not heard of any health or police officer in this community misusing the authority in this respect.

LABOR FEDERATION FOR V. D. PROGRAM

Organized labor has lined up behind the venereal disease control program which federal and state authorities are carrying out in all parts of the country. In its thirty-ninth annual convention at Atlantic City in June, the American Federation of Labor adopted these resolutions:

WHEREAS, The Government, with the co-operation of the states, has by a comprehensive program of education, medical treatment and law enforcement demonstrated that the spread of these diseases can be controlled and their ravages reduced; therefore, be it

Resolved, That the American Federation of Labor in convention assembled heartily endorses the efforts of the United States Public Health Service, co-operating with the various states, in combating the spread of venereal diseases; and be it further

Resolved, That we call upon organized labor to familiarize themselves with the government's program of combating these diseases and to assist in every possible manner the eradication of these scourges of civilization.

Sorry "Teeth" Were Pulled

I regret that the "teeth," as I view it, were taken out of the Hughes Law, as we needed some even "drastic" provisions to make the greater portion of the citizens realize how important it is to have due regard for the health of our citizenship. — MEMBER GENERAL DISTRICT BOARD OF HEALTH.

Minimum Standards for Tuberculosis Hospitals

CLASSIFICATION OF INSTITUTIONS ACCORDING TO THEIR DEGREES OF EXCELLENCE, CONTEMPLATED

By John R. McDowell, M. D., Director of Division of Hygiene

A CLASSIFICATION of tuberculosis sanatoria by the National Tuberculosis Association, on the basis of certain fixed standards, is in prospect. To place Ohio sanatoria in a position to attain satisfactory ratings in this classification, the State Conference of Tuberculosis Hospital Superintendents has adopted a set of minimum standards, which will be presented to the Public Health Council of the State Department of Health, with the recommendation that they be incorporated in the regulations governing tuberculosis hospitals, and thus made binding upon all such institutions in the State.

The effect of the projected grading will be similar to that of the classification of medical schools which is now generally accepted; recognized institutions will fall into several grades according to their respective degrees of excellence, and a few extremely low ones will be placed in an unrecognized group.

The minimum standards approved by the Ohio superintendents were drawn up by a committee of the Conference, which studied standards previously prepared by committees of the Mississippi Valley Conference on Tuberculosis and the American Sanatorium Association. It is believed that they are the minimum standards which must be observed by a sanatorium to place it in a recognized class.

The standards, as approved by the committee and adopted by the conference, are as follows:

1. PRELIMINARY ORGANIZATION — At least one member of each institution board of trustees should be a licensed physician.
2. LOCATION AND SITE —
   a. That proper outdoor recreation space be provided for patients and employees.
   b. Operation of farm and dairy, as an economic measure, with the use of patient labor is urgently advised against.
   c. Small truck gardening and poultry raising as a therapeutic measure for patients, under the supervision of physicians is recommended.
3. GENERAL ADMINISTRATION — Separate and adequate facilities should be provided for children in all institutions.
4. SPECIAL CONSTRUCTION —
   a. A room or rooms shall be set apart in all institutions for examination and treatment, fully equipped for nose, ear and throat work. In each institution of 100 beds or over equipment for minor surgery should be provided.
   b. A laboratory should be provided in each institution for doing routine sputum and urine examination.
   c. X-ray equipment for stereoscopic work should be provided in institutions of 40 beds and is recommended for all.

d. Staff should be housed in separate building, or in wing separate from patients.
f. Recreation or social room shall be provided for patients in all institutions.
g. A room shall be provided for the case of the dead which can be reached by attendants with the least possible disturbance to patients and from which bodies can be removed readily and inconspicuously.

5. MEDICAL —
   a. There should be a full time medical superintendent of each institution who shall be a licensed physician. There should be one assistant resident physician or interne for each fifty patients.
   b. There shall be a graduate registered nurse in charge of nursing and at least one registered nurse for night duty. An additional nurse for each ten patients is recommended. Non-graduate nurses may be employed under the supervision of a registered graduate.
   c. There should be a steward, matron or housekeeper for each institution of over fifty beds.
   d. There should be a laboratorian for each institution of over one hundred beds.

Recommendations —

1. It is recommended that there be a training school for nurses in the larger institutions in connection with some general hospital.
2. That a special committee be appointed to adopt a standard method of admission.
3. That a special committee be appointed to recommend standard methods of examination and record of same, nomenclature, classification of cases and the medical section of an annual report.

The minimum standards as recommended were adopted by the Conference October 18, 1919. They will obtain official status only when they are formally inserted by the Public Health Council in the regulations of the State Department of Health governing tuberculosis hospitals.

The committee which drew up the minimum standards consisted of Dr. John R. McDowell, Director of the Division of Hygiene in the State Department of Health, and Dr. Rush R. Richison, superintendent of the Springfield District Tuberculosis Hospital.

SENTENCED FOR BREAKING V. D. REGULATIONS

The criminal court of Tulsa, Oklahoma, recently sentenced a man to the penitentiary for five years for infecting a girl with syphilis in violation of the state venereal disease law passed in 1919. The section under which the man was convicted reads as follows:

> Any person who shall, after becoming an infected person and before being discharged and pronounced cured by a reputable physician in writing, marry any other person or expose any other person by the act of copulation or sexual intercourse to such venereal disease or to liability to contract same, shall be guilty of a felony, and upon conviction shall be punished by confinement in the penitentiary for not less than one year or more than five years.

Commenting upon this case, the United States Public Health Service says:

"Enactment and especially enforcement of laws punishing deliberate exposure to venereal infection by diseased persons will have a salutary effect in reducing new infections.

"The severe action by the Oklahoma Court in imposing maximum sentence provided by law on a man who infected a woman should do much to counteract statements made without basis of fact that the venereal disease control movement has worked hardships on women while permitting the men to escape all punishment."

Hamilton Health Survey

The Bureau of Child Hygiene of the State Department of Health joined in a cooperative social survey of the city of Hamilton, Ohio, made by the State Council of Social Agencies, at the invitation of the local Chamber of Commerce. The whole survey was under the direction of Mr. Fred C. Croxton and the various phases of it were made at the same time by all State Departments having a welfare program and all private welfare organizations having a state-wide field. The survey covered a period of several weeks, begining November 11th. Daily meetings were held with a large and representative survey committee, so that local sentiment could modify or enlarge the scope of the study at any time, as the findings might warrant.

The survey covered all of the "human side of life" in Hamilton — health and sanitation, housing, relief, recreation, child welfare, and kindred subjects. Each subject was assigned to experts in that line, with local volunteers aiding, and went into considerable detail. The housing study covered not only the filling out of intensive schedules on several hundred homes in various types of neighborhoods, but also the larger phases of a building code, lighting of alleys, relation of typhoid and tuberculosis to housing, and similar matters. Relief covered not only methods of administration but also overlapping, adequacy, relation to disease and child labor, an analysis of the Infirmary population, etc. Recreation covered not only commercialized recreation in theatres, movies, poolrooms and dance halls, but also opportunities offered in the Y. M. C. A., school playgrounds, athletic fields, church clubrooms, etc. Child Welfare included the big fields of dependency, delinquency, mothers' pensions, street trades, work certificates, analysis of the Children's Home population, methods of the Juvenile Court, and use of the Jail for Children.

This was the first time such a joint survey had been undertaken, and it attracted considerable attention from all parts of the country.

The State Department of Health, of course, took up only the health phases, but the value of doing this in conjunction with the other parts of the survey was very great. The interrelation of all these subjects to each other is perfectly obvious, but perhaps no one subject is so related to all and so hindered or helped by all, as is public health. What could not a good physician do for a patient if while treating him he could control his housing conditions, his financial status, his physical and mental recreation, and the welfare of the children? In a larger sense, will not the public health of the whole community be greatly advanced or impeded by the community's attitude on the interrelated matters?

The State Department had several months previously made a survey of sanitary conditions and of the city health department. Therefore this was not done again, but the findings were reported, with a few modifications. The work done by the Bureau of Child Hygiene covered the general phases of (1) Infancy and Preschool Age, (2) the School Child, (3) the Adolescent Child, and (4) a detailed study of Retardation.

(1) The first topic covered prenatal care, birth registration, hospital space available, provision for dependent infants, milk supply, kindergartens, and kindred matters. The study of birth registration showed it to be less complete than at first thought, as only one midwife is reporting to the health department and at least twenty-five are operating in the city. Checking of the housing schedules also showed other births not reported. Much needs to be done in the city in the way of establishing prenatal supervision, nutritional classes, etc. A good system of supervised boarding homes is needed for infants. It is necessary in every city, but especially here, as the Children's Home will not accept children under two years of age, just the age when disease and death work their greatest havoc.

(2) The second topic, the School Child, covered a survey of the sanitary conditions in the 23 schools of the city (both public and parochial schools, both grade schools and high schools), lighting, heating, ventilation, medical inspection, available dispensary service, school hygiene, playground apparatus, school scholarships, etc. It was noted with great satisfaction that under the efficient management of the Superintendent, the building program had kept pace with the growth of the city and that there was no serious crowding. It was found that there had never been any system of inspection of school children by either a physician, a nurse or a dentist. The hospital conducted no dispensary service and there was only a small one in the rooms of the Public Health League. Many children were seen with marked physical defects, others were distinctly undernourished and when checked with housing and relief lists were found to come from tuberculous families. Perhaps the most alarming fact from a public health point of view was the discovery of some with painful and discharging eyes, very strongly suspicious of trachoma.

(3) The third topic, the Adolescent Child, covered the same general fields, but also included such subjects as the use of the Venereal Disease Clinic by the Children's Home, the Juvenile Court, the Municipal Court, etc. It was found to be splendidly equipped but to be little used by these agencies, and it was recommended that a special time be set aside for children and these agencies shown how greatly it may serve them.

(4) The fourth topic, Retardation, covered an intensive study of the retarded and over-age pupils in all the grade schools. In the first seven grades of the public schools (the 8th goes to the Junior High) it was found that 695 children, or over 16% were two years behind, and 747, or 17.2%, from three to eleven years behind, the largest number of these being, as usual, in the 4th and 5th grades. This gives a total of 1,442 children, or 33.3%, two or more years behind.

As the problem of retardation was looked upon locally as being chiefly a Kentucky problem, a study was made to ascertain to what extent this was the case. It was found that of 1,301 retarded children on whom the facts were available, only 296, or 23%, were Kentuckians, and many of these had been in Hamliton since before they entered school, — some 10, 12, and even 15 years. Hence, not even a fourth of the problem of backwardness is chargeable to the loads of mountain "folks" brought up

bi-weekly in auto trucks by one of the paper mills.

In order to prove that this backwardness was partly due to physical defects which school inspection could detect and which follow-up work could eliminate, one building was chosen for special study, and Dr. Lockhart of the State Department was asked to examine the children there for defects of eyes, ears, nose and throat. The 252 children examined were found to have 482 such defects and 9 of them were found to have trachoma (nearly 3½%).

As it was shown that the problem of retardation was only partly a medical problem, and that less than one-fourth of it was a problem of Kentuckians, it was desired to show to what extent it yas a mental problem. So the Bureau of Child Hygiene requested Dr. Goddard, of the Bureau of Juvenile Research, to have mental examinations made of the same children just examined physically by Dr. Lockhart. His staff diagnosed 23 out of 169 studied as distinctly feebleminded, and 30 others as very inferior. This clearly showed that there would be no problem of distribution if "Special Classes" were established, as each building could easily supply one or two such classes with children so defective as to be learning little in the regular classes and to be seriously hampering the progress of the normal children. The study also showed that certain children were bright enough to be progressing more rapidly than they were doing. It was recommended that one class be opened as soon as possible for the brighter Kentucky children who might advance rapidly, and that a special class be installed next fall in each building for the mentally subnormal children.

This same list of children studied physically and mentally was also checked with lists of dependency, delinquency, tuberculosis, relief, and housing schedules. In one case, three little girls, all from 2 to 4 years retarded in school, were found to come from a little shack of 4 rooms with 18 occupants, and an older sister to have a court record as a delinquent, on the ground that she ran away! If the school had studied the home condition, would not the three little girls have been put in an open-air room and given food and naps so that during the day, at least, they could have the nourishment and fresh air and rest for their bodies necessary to the development of their minds? And if the Court had studied home conditions would the older girl have been left so many years in a home inevitably leading to physical and moral ruin, and from which she finally had sense enough to run away? The cost of repeated grades to the school system is a simple problem in mathematics. How much less it would cost to install thorough medical inspection, special classes, open-air rooms, and extra nourishment! And aside from the financial expense to the school system, how much is the retardation now costing the child, in loss of education given before working age, and how much is it costing the future citizen to have prevention of physical defects postponed until they have left their scars, and health is permanently undermined?

RESULTS.

(1) *Trachoma Survey.* Because of the chance finding of trachoma in surveying the school buildings, a thorough examination was arranged for December. Dr. Lockhart, Chief of the Trachoma

Bureau of the State Department of Health, went through all the schools of Hamilton, examining for trachoma. A total of 4,731 pupils were examined in the public schools and 109, or over 2%, were found to have trachoma and 53 to be trachoma suspects. This meant that the disease was gaining a firm foothold in the community, and that in a year or two, if it were not eradicated, 5 or 6 or even 8 percent of the pupils would be affected. If this disease had been allowed to reach the epidemic stage, it would have meant a much more difficult and long drawn-out struggle to combat it successfully. In the parochial schools, studied in January, 1,790 pupils were examined, and 13 found to have trachoma and 41 to be suspects.

January 6, 7, and 8, a trachoma clinic was held in the Board of Education building with the cooperation of the Red Cross. Dr. John McMullen, of the U. S. Public Health Service, was in charge and operated 65 children. A total of 187 children attended this clinic. Twelve of these were marked "normal" after examination of the conjunctiva. The remainder were given appropriate treatment according to the findings of Dr. McMullen. Of the cases found in the public schools 72% attended the clinic.

Another clinic was held on March 4th, at which Dr. McMullen operated 13 cases. In addition a large number of children previously operated were examined, and some of the milder cases and suspected cases, who had not attended the previous clinic, were given some form of treatment other than operation.

(2) *Medical Inspection started in the Schools* — While the trachoma survey and the thorough survey of one building was under way, the Board of Education arranged to employ a school nurse, beginning January first.

(3) *Permanent Organization Formed* — The end of December the Survey Committee, after hearing all the reports, unanimously voted to form a federation with representation from all private agencies and public departments, which, with its subcommittees, should try to work out the recommendations on the various subjects. As this representation will include among many others the Red Cross, the Public Health League, the Public Schools, the Parochial Schools, the Board of Health, and the city administration, it is certain that the cause of public health in the city will be greatly advanced. Columbus and Zanesville are now asking for such joint surveys. Hamilton is to be congratulated on being the first city in the country to ask for so thorough a study and in being so willing to follow wherever the facts might lead, and so prompt in taking steps to improve conditions.

Red Cross Public Health Nurses Receive Appointments

Thirty Red Cross Nurses have been appointed in various counties in the state to do public health nursing. This is a part of the peace time work which the American Red Cross Organization has outlined as its program.

Before the war, public health

nursing, like many other social developments had its origin in the cities. As municipal organizations became fairly well established, the work extended gradually to the smaller towns and eventually to the rural districts; the latter field had scarcely been penetrated when the nursing forces of the country were called to military service. For five years prior to this time the Red Cross nursing service had been working in the rural communities through its town and country nursing service but the field was uncultivated and the work progressed slowly.

After hostilities had ceased, out of the experiences which had taught to the public these lessons of vital need, there was born a new interest in people, an acute consciousness of the need for public health nurses. At this same time the country was well supplied with "ready made" workers who had given time and energy and had received much in the way of nursing knowledge by continuous and exacting war duties. This then was a nucleus around which it was realized an efficient and responsive organization might be built. The American Red Cross immediately made provisions through the local chapters to place nurses in various counties of states requiring Public Health nurses in the rural districts. This action was taken, as a temporary measure since the great national organization realized that it was not alone in the field of construction work and offered to do its share of the burden until governmental agents could be organized in those parts.

Certain principles were set down to guide the organization in its participation and the first step taken was decentralization. A Bureau of Public Health Nursing was established in each of the thirteen divisions of the Red Cross and as the work progressed it was necessary to enlarge the staffs to take care of new fields. At present the entire staff consists of 57 members, this includes those at headquarters and in the thirteen divisions.

The arrangement of office routine between division and Columbus offices regarding the establishment of Red Cross Public Health Nursing Service in the various counties has been planned as follows:

1. When the Red Cross chapter wishes to establish a public health nursing service, a report should be made to the Lake Division headquarters to ascertain whether chapter organization has been completed.

2. Chapter organization being completed, a copy of the questionnaire is forwarded to the Columbus office, and on all matters relating to the Red Cross Public Health Nursing Service, further correspondence will be maintained between the chapter committee on Nursing Activities and Miss Hulda Cron, State Supervising Nurse for the Lake Division Red Cross in Ohio.

3. Lake Division Department of Nursing will assume responsibility in securing nurses. (Division Office to send copy of all correspondence to Columbus office). When Columbus office secures a nurse that qualifies under the Red Cross and wishes to be considered for appointment under the Red Cross, copy of credentials should be sent department of nursing at division office and if credentials are acceptable, appointment will be made in the regular way.

4. Appointment of nurse will

not be made by the Lake Division until chapter is consulted and signifies its desire to employ this nurse. Whenever possible the nurse will meet the committee in a personal interview arranged for by Miss Cron from the Columbus office; after interview, committee and nurse should report to Miss Cron final agreement entered into.

In establishing Red Cross Public Health Nursing Service, Red Cross records will be used until further notice..

Copies of all chapter correspondence to be forwarded by the Division to the Columbus office at the close of each day's work. The Columbus office will, in turn, forward copies of all chapter communications at the close of each day's work.

The Red Cross Public Health Nurses who have been appointed are:

Mrs. Klopfer .....Delphos
Miss Tessora Baker.....Bellvue
Margaret E. Lewis.....Brown County
Mrs. Blanch Morrisy.....Bucyrus
Miss Emma McCleary.....Bucyrus
Martino Wallace .....Ashtabula
Miss Lillian Wilshaw....East Liverpool
Miss Alice J. Wilkinson.....Granville
Miss Anza Johnson.....Greene County
Miss Helen Evers.....Green County
Mrs. Margaret Gibbons.....
..... Hocking County
Miss Alice G. Minor.....Hudson
Miss Beatrice Robitaille.....
..... Jefferson County
Miss Anna B. Beverly....Knox County
Miss Eleanor Loomis.....Painesville
Miss Marie Mueller.....Lima
Miss Marion Foote.....Lima
Miss Ruth Paddock.....Lorain County
Miss Alice Squires.....Lucas County
Miss Esther Mack.....Marion
Miss Clara Mae Dodes..Miami County
Miss Harriet Farrell.....Oberlin
Miss Rose A. Neiser.....Oxford
Miss Viva I. Thompson.Portage County
Miss Nancy Johnson....Scioto County
Miss Ella V. Lemmon.....Springfield
Miss Helen Pratt.....Urbana
Miss Carrie Crites.....Wayne County
Miss Adelaide Brewster.Wayne County

Venereal Disease Reporting in Ohio During 1919

A total of 28,799 cases of gonorrhea and syphilis have been reported in Ohio during the five year period 1915-1919 in which regulations requiring reports of these two diseases have been in effect. In 1919, 11,959 cases or 42 per cent of the five year total were recorded, the monthly average of 310 reported cases in 1915 being tripled in 1919, 990 cases. This mere tripling of absurdly low case reported totals has been the result of the extensive educational work of state and federal health officials inaugurated to impress upon the public, and upon physicians especially, their responsibility during the war in the restriction and prevention of venereal diseases.

Table No. 1 shows in the June 1918 totals of 1223 cases of gonorrhea and 387 cases of syphilis, the beginning of the renewed efforts in the state to secure more complete reports. That the improvement in reporting occurred chiefly in the cities is shown in Table No. II, 90 per cent of all cases being reported from the eighty cities of the state comprising according to estimates for 1919, 58 per cent of the population of the state.

In Table No. III the fourteen cities of the state of more than 25,000 population, 1910 census, are shown to have reported 9213 of the 10,749 cases recorded for the eighty cities. Eliminating three of the cities in the list in

Table No. III, cities without venereal disease clinics during the year 1919, Canton, Newark and Zanesville, from which only 50 cases of gonorrhea and 81 cases of syphilis were reported in a total population exceeding 162,000, the remaining eleven cities with a population of 2,925,000 reported 5239 cases of gonorrhea and 3843 cases of syphilis, a reported case rate even for these cities submitting the largest number of reports of less than 4 per 1000 population. What the totals practically represent in 1919 are cases reported from clinics in the eleven listed cities. The 1919 case reports submitted by the physicians in general practice in Ohio therefore indicate little or no improvement over 1915 in compliance on the part of physicians with the requirements to submit reports, despite the persistent campaign for reports, and the thousands upon thousands of report cards and postage free envelopes provided. Neither do the totals represent complete reports from clinics for 1919, since all clinic reports were not submitted regularly, especially not during the first half of the year, as Table No. III indicates, the reports of the last half of the year being double the first half not because of the doubling of cases but because of the improving of case recording and reporting.

Table No. IV gives the number of counties reporting at least 50 cases of either gonorrhea or syphilis during the year, seventeen in number. Comparing with the city table preceding it is practically a restatement of city totals, Akron for instance reporting 2658 cases of gonorrhea and 1194 cases of syphilis, while for the whole of Summit County there were only 127 additional cases of the two diseases recorded and in Lucas County, only two more cases of gonorrhea and one of syphilis are recorded for the whole county than for Toledo alone

Of the 11,959 cases of both diseases reported in 1919, 10,844 were submitted on standard case history cards with age and sex indicated. The summary of the tabulation for age and sex distribution is given in Table V. Eighty-seven per cent of the gonorrhea case cards were for males and 66 per cent of the syphilis cards. Of the 783 females reported to have had gonorrhea 38 per cent were under twenty years of age and 35 per cent were reported in the age period 20 to 24 years inclusive. Sixteen percent of all cases of gonorrhea reported by case history card and 12 per cent of syphilis were under twenty years of age.

A total of 225 cases of chancroid was reported in the state in 1919. Chancroid is a notifiable disease which like gonorrhea and syphilis is not reported by even 95 per cent of the physicians who have cases in their practice. In a three months' trial period a record was kept of the number of physicians reporting any cases of the notifiable venereal diseases. A total of 133 names was listed. There are 8,089 physicians enumerated for Ohio in the 1918 Medical Directory.

With the entire change in 1920 in the public health organization of the state it remains to be seen whether physicians will be encouraged to submit the reports which will help the public realize the prevalence of venereal diseases and the necessity of combating them with adequate funds and proper educational measures.

TABLE NO. I.—REPORTED CASES, GONORRHEA AND SYPHILIS, OHIO, BY MONTHS
1915-1919

Period	Reported Cases Gonorrhea						Reported Cases Syphilis					
	Total	1919	1918	1917	1916	1915	Total	1919	1918	1917	1916	1915
Total Year	18,279	6736	5647	1546	1701	2649	10,520	5223	2575	857	804	1061
Total Jan.-June	7286	2298	1887	899	873	1329	3547	1354	755	462	430	546
Total July-Dec.	10,993	4438	3760	647	828	1320	6973	3869	1820	395	374	515
January	1138	580	87	145	156	170	402	151	53	75	93	30
February	958	308	62	229	183	176	371	111	40	75	73	72
March	1020	316	85	107	136	376	606	212	79	65	79	171
April	726	153	72	183	146	172	493	165	49	123	49	107
May	1096	318	358	115	109	196	589	214	147	72	76	80
June	2348	623	1223	120	143	239	1086	501	387	52	60	86
July	1888	746	729	66	140	207	1277	732	331	44	65	105
August	2962	945	1470	133	165	249	1522	648	637	99	64	74
September	2057	814	654	187	154	248	1266	654	392	74	61	85
October	1502	714	372	75	117	224	997	674	148	56	34	85
November	1365	602	326	90	128	219	1933	534	177	68	76	81
December	1219	617	209	96	124	173	2908	627	135	54	74	85

TABLE NO. II.—REPORTED CASES GONORRHEA AND SYPHILIS, FOR STATE AND CITIES, WITH PER CENT. OF TOTAL REPORTED BY CITIES, BY YEARS 1917-1919.

Year	Reported Cases Gonorrhea			Reported Cases Syphilis		
	Total State	Cities		State Total	Cities	
		Number	Per Cent. of Total		Number	Per Cent. of Total
1919	6,736	6,035	90	5,223	4,714	90
1918	5,647	2,432	43	2,575	1,143	44
1917	1,546	1,085	72	857	779	91

TABLE NO. III.—REPORTED CASES OF GONORRHEA AND SYPHILIS FOR THE FOURTEEN CITIES OF STATE WITH POPULATION EXCEEDING 25,000, 1910 CENSUS, BY YEARS, 1917-1919 WITH HALF-YEAR TOTALS, 1919.

Cities	Reported Cases Gonorrhea					Reported Cases Syphilis				
	1919			1918 Total	1917 Total	1919			1918 Total	1917 Total
	Jan.-June	July-Dec.	Total			Jan.-June	July-Dec.	Total		
Total	1,767	3,522	5,289	2,010	878	1,109	2,815	3,924	1,060	709
Akron	845	1,813	2,658	1,269	2	409	785	1,194	396	1
*Canton	7	33	40	6	4	5	38	43	6	3
Cincinnati	75	487	562	46	122	36	417	453	44	118
Cleveland	503	246	749	89	53	418	497	915	305	232
Columbus	45	104	149	31	64	93	349	442	91	81
Dayton	33	82	115	17	8	23	83	106	4	2
Hamilton	11	33	44	8	23	8	19	27	2	8
Lima	35	90	125	2	....	23	126	149	.....	2
Lorain	23	42	65	17	2	9	52	61	.....	....
*Newark	1	4	5	2	....	.....	29	29	.....	....
Springfield	40	109	149	12	8	16	47	63	19	7
Toledo	117	301	418	443	465	47	225	272	182	227
Youngstown	29	176	205	38	127	18	143	161	11	28
*Zanesville	3	2	5	.....	....	4	5	9	.....	....

*Cities without venereal disease clinics during the period.

TABLE NO. IV.—REPORTED CASES OF GONORRHEA AND SYPHILIS FOR THE SEVENTEEN COUNTIES OF STATE REPORTING FIFTY OR MORE CASES DURING THE YEAR 1919.*

County	Reported Cases, 1919	
	Gonorrhea	Syphilis
Total	6,096	4,628
Allen	135	165
Butler	75	45
Clark	155	74
Cuyahoga	768	933
Franklin	156	444

*During the year in three counties, Fulton, Geauga, and Monroe, physicians failed to report a single case of gonorrhea and in seven counties, Geauga, Hardin, Monroe, Preble, Van Wert, Vinton, and Williams, a single case of syphilis.

TABLE NO. IV.—Concluded.

County	Reported Cases, 1919	
	Gonorrhea	Syphilis
Hamilton	595	475
Jefferson	58	69
Lorain	74	99
Lucas	420	273
Mahoning	239	186
Montgomery	122	117
Richland	59	88
Ross	138	50
Scioto	175	141
Stark	114	123
Summit	2,725	1,240
Trumbull	88	106

TABLE NO. V.—AGE AND SEX DISTRIBUTION OF 10,844 CASES OF GONORRHEA AND SYPHILIS REPORTED BY STANDARD CASE HISTORY CARD IN OHIO DURING THE YEAR, 1919.

Age Period	Reported Cases Gonorrhea, 1919						Reported Cases Syphilis, 1919					
	Number			Per Cent.			Number			Per Cent.		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
All ages	5240	783	6023	100.0	100.0	100.0	3182	1639	4821	100.0	100.0	100.0
Under 5 years	5	24	29	.1	2.9	.5	15	21	36	.5	1.3	.7
5–9 years	5	45	50	.1	5.7	.8	31	33	64	1.0	2.0	1.3
10–14 years	14	21	35	.2	2.7	.6	62	39	101	1.9	2.3	2.1
15–19 years	654	208	862	12.5	26.5	14.3	105	278	383	3.3	17.0	8.0
20–24 years	2052	277	2329	39.2	35.3	38.6	830	455	1285	26.1	27.7	26.7
25–34 years	1873	166	2039	35.7	21.4	33.9	1151	502	1653	36.2	30.7	34.1
35–44 years	528	39	567	10.1	5.1	9.4	623	218	841	19.5	13.3	17.5
45–54 years	94	3	97	1.8	.4	1.6	274	63	337	8.6	3.9	7.0
55–64 years	13	....	13	.2	.....	.2	69	25	94	2.2	1.5	2.0
65 years and over.	2	....	2	.1	.....	.1	22	5	27	.7	.3	.6

The New District Health Commissioners

Although the Hughes Law as amended by the Griswold Act did not become effective until January 1, 1920, more than half the general health districts have appointed health commissioners. Already there is a vast improvement in the health protection of rural districts, for physicians, many of them trained in public health work, have been substituted for the butchers, bakers, and candlestick makers who formerly acted as health officers of townships and villages. There has been a noticeable falling off in illegible correspondence received at the State Department of Health. Nearly all the newly appointed health commissioners are tackling their new jobs earnestly, enthusiastically, and intelligently. In districts where health commissioners have been appointed reporting has greatly improved, and reporting is the basis of prevention in all communicable diseases. A large number of the new health commissioners have visited the State Department of Health, and have shown the most earnest desire to cooperate. A goodly number of full-time health commissioners have been appointed. The exact number cannot be given as full reports have not been obtained, but when the whole tally is in it is the opinion of the department staff that Ohio will have a larger number of full-time health commissioners than any other state in the Union.

Several commissioners are giving part of their time to the city district and the remainder to the general district. Dr. H. J. Powell is health commissioner of Bowling Green and also of Wood County General Health District, Dr. R. M. Schwartz of Salem and of Columbiana County General Health District, Dr. P. H. Grube of Xenia and of Greene County General Health District, and Dr. G. E. Robbins of Chillicothe and of Ross County General Health District. Each of these commissioners is responsible to two boards, and the triple advantage of this arrangement is that a practically full-time health commissioner is secured, the rural districts do not lose representation but retain their board of health, and state aid is secured for both city and general district.

No general health districts have combined with city districts so far. Henry and Fulton Counties have each appointed Dr. C. H. Skeen as half-time health commissioner. The county seats, Napoleon and Wauseon, are only ten miles apart and are connected by a brick road so that Dr. Skeen can give proper attention to each district. He has already taken intelligent measures for the prevention of influenza and other communicable diseases in Henry and Fulton Counties.

Twelve physicians who completed the extension course for public health officials given jointly by the State Department of Health and Ohio State University have accepted positions as health commissioners of general health districts. They are Doctors Kirke R. Teachnor, W. H. Wisler, John D. Boylan, Roy A. Brintnall, R. L. Pierce, George B. Nye, G. E. Robbins, Orange H. Thomas, Arlington Ailes, and H. J. Powell. Several commissioners have so

much faith in the new law that they have accepted commissionerships at salaries much lower than they could command elsewhere, believing that twelve months' operation would convince the people of the value of adequate health protective organizations. In our opinion their faith is justified, and the staff of the State Department of Health will do all in its power to see that they are given all possible assistance and encouragement.

Budgets have been adopted in at least fifty-six counties, and while these budgets are smaller in some instances than those adopted under the original Hughes Law, they will provide for adequate health departments in nearly all cases. In the official budgets provision has been made for twenty-nine nurses by these fifty-two counties, and in many counties local Red Cross Chapters and other public health bodies will subsidize the official budget by arranging for the employment of one or more nurses. Never in the history of Ohio, and probably in no other state has such ample provision been made for public health nursing service in rural districts.

City Districts

The Attorney General has ruled that the Hughes Law as amended by the Griswold Act abolished all city boards of health. In accordance with this ruling new city boards of health are being appointed. In many cases new city health commissioners are being named. In some instances politics has been injected into the city health departments, but on the whole, efficient city health officers under the old regime are being retained, and where new commissioners are being appointed, fitness for the position is being considered as it never was before. The action of boards of health of general health districts in appointing full-time competent health commissioners is having a reaction on city districts, which will have to step lively to keep abreast of formerly neglected rural districts. Farmers who attended the short argicultural course at Ohio State University went on record as condemning the action of the legislature in removing vital features from the Hughes Law. A new era has dawned in Ohio as far as public health is concerned when the public demands from its representatives laws providing for adequate health protection.

Health commissioners of city and general health districts are reminded that the facilities of the State Department of Health are at their disposal. Write for advice or assistance. Come and visit us when you can. Send us brief statements that may be of general interest for the OHIO PUBLIC HEALTH JOURNAL. Get acquainted with your neighboring health commissioners. As soon as a majority of districts have health commissioners, you will be requested to meet in Columbus for general discussion of plans of campaign. Let us all pull together to give Ohio the best health organization in the country.

COUNTY HEALTH COMMISSIONERS APPOINTED TO FEB. 21ST, 1920.

County.	*Name.*	*Address*
Allen	Dr. J. J. Sutter	Bluffton, Ohio.
Ashtabula	Dr. G. T. Wasson	Jefferson, Ohio.
Auglaize	Dr. G. L. Lyne	Wapakoneta, Ohio.
Belmont	Dr. F. R. Dew	Barnesville, Ohio.
Brown	Dr. E. D. Jackson	Georgetown, Ohio.
Butler	Dr. Kirk R. Teachnor	Hamilton, Ohio.
Carroll	Dr. J. J. Hathaway	Carrollton, Ohio.
Clermont	Dr. F. A. Ireton	Batavia, Ohio.
Clinton	Dr. Robert Conard	Blanchester, Ohio.
Columbiana	Dr. R. M. Schwartz	Salem, Ohio.
Crawford	Dr. J. J. Martin	Bucyrus, Ohio.
Delaware	Dr. Albert J. Pounds	Delaware, Ohio.
Erie	Dr. F. M. Houghtalling	Huron, Ohio.
Fulton	Dr. C. H. Skeen	Napoleon, Ohio.
Franklin	Dr. C. M. Valentine	Linden Heights, Ohio.
Geauga	Dr. T. F. Myler	Burton, Ohio.
Greene	Dr. P. H. Grube	Xenia, Ohio.
Guernsey	Dr. D. L. Cowden	Kimbolton, Ohio.
Hancock	Dr. S. F. Whisler	Findlay, Ohio.
Hamilton	Dr. C. A. Neal	Cincinnati, (Court House R. 405)
Hardin	Dr. Roy K. Evans	Ada, Ohio.
Harrison	Dr. Samuel B. McGavran	Cadiz, Ohio.
Henry	Dr. C. H. Skeen	Napoleon, Ohio.
Holmes	Dr. I. S. Putnam	Millersburg, Ohio.
Huron	Dr. B. C. Pilkey	Monroeville, Ohio.
Lake	Dr. Herbert Kenning	Painesville, Ohio. (Court House)
Lawrence	Dr. Orlyn Wiseman	Ironton, Ohio. (Court House)
Mahoning	Dr. J. D. Boylan	Youngstown, Ohio. (Court House)
Marion	Dr. N. Sifritt	LaRue, Ohio.
Medina	Dr. R. A. Brintenall	Medina, Ohio.
Mercer	Dr. F. E. Ayers	Celina, Ohio.
Montgomery	Dr. C. H. Pansing	Phillipsburg, Ohio.
Morgan	Dr. James B. Naylor	Malta, Ohio.
Morrow	Dr. R. L. Pierce	Mt. Gilead, Ohio.
Muskingum	Dr. J. M. O'Neal	New Concord, Ohio.
Noble	Dr. F. A. Murrey	Summerfield, Ohio.
Ottawa	Dr. C. B. Finefrock	Port Clinton, Ohio.
Perry	Dr. M. F. Minshull	New Lexington, Ohio.
Pike	Dr. Geo. B. Nye	Waverly, Ohio.
Preble	Dr. G. W. Homsher	Camden, Ohio.
Putnam	Dr. W. S. Yeager	Leipsic, Ohio.
Ross	Dr. G. E. Robbins	Chillicothe, Ohio.
Sandusky	Dr. O. H. Thomas	Fremont, Ohio.
Scioto	Dr. R. W. Decrow	Sciotoville, Ohio.
Shelby	Dr. Arlington Ailes	Sidney, Ohio.
Stark	Dr. Chester M. Peters	Canton, Ohio.
Summit	Dr. Donald D. Shira	Akron, 144 Market St.
Trumbull	Dr. J. E. King	Girard, Ohio.
Van Wert	Dr. Chas. R. Keyser	Van Wert, Ohio.
Warren	Dr. E. Blair	Lebanon, Ohio.
Wood	Dr. H. J. Powell	Bowling Green, Ohio.
Wyandot	Dr. O. S. Stutz	Upper Sandusky, Ohio.

The Nurse in Industry

What is an industrial nurse? With the ever increasing demand among employers for trained nurses in industry, this question immediately arises. The industrial nurse is a public health nurse employed by an industrial concern or by an organization of employers and their employees. The public health nurse, from whose ranks the industrial nurse comes is a graduate registered nurse, doing any form of social work in which the health of the public is concerned and in which every branch of her training is at one time or another brought into valuable service.

It is evident then that one will find scarcely two industrial nurses whose work is the same. One may be employed by a manufacturer whose chief interest is to hold his men at the very least expense to the firm. Here the nurse will find her services are more limited than if she is employed by a firm with limited means but which gives her a free hand to carry on her work as she sees best.

Another may work for the philanthropic person who has his community welfare in mind and the general welfare of his employees. Here the industrial nurse will find the widest field for her labors. Wherever she is placed, whatever kind of work she is called upon to do the industrial nurse must first acquaint herself with her particular surroundings. She must learn both the requirement of the employer and employee, the different kinds of work needed, the kind used, the laborer's environment and his pay. Every problem with which the present generation is struggling comes before the industrial nurse.

She may at some time find need for each and every one of these branches of service for she deals with both employee and employer. For that reason she should have a general knowledge of industrial diseases, accidents and their causes, labor laws, liability and workman's compensation laws. Personality will count a great deal in her success as an industrial nurse. She should have good judgment and should be capable of gaining the liking of the persons with whom she daily comes into contact. She should have the faculty of gaining confidence and demanding the respect of those with whom she deals.

Many employers have questioned whether the industrial nurse was really an asset to the plant but those who have employed one answer "yes" to the query, "does it pay to have an industrial nurse?"

It pays because—

1. She gives first aid in case of injury, thereby preventing infection and shortening the period of disability.

2. She cares for minor ailments, thereby enabling the employees to continue their work.

3. She is on the alert to prevent the outbreak and spread of contagious diseases through the plant.

4. She prevents illness by giving instruction in ways of keeping well.

5. She advises regarding the correction of physical defects.

6. She teaches the common rules of hygiene and sanitation and advocates suitable precautions in the dangerous trades and operation.

7. She visits and arranges for the care of those absent on account of illness, thereby making possible an earlier return to work. She helps and advises in the case of family illness or trouble, thus relieving the mind of the worried employee and enabling him to give his undivided attention to his work.

8. She is at all times the friend and co-worker of the employees and interprets to them the plans of the employer for industrial betterment.

She is never looked upon as a charity but acts always under the direction of the physician attending the plant, even though spending little actual time there, he can provide her with standing orders for the treatment of small injuries and slight illnesses but anything of a serious nature should have the actual treatment of the physician.

To further the formulation and maintenance of high standards in industrial nursing, the industrial nurses of the National Organization for Public Health Nursing plan to form an Industrial Nursing Section in the National Organization at the meeting at Atlanta, Georgia, April 9th to 17th.

All qualified nurses are eligible to membership in this organization. Companies are eligible to coöperate membership and likewise individual employers. Associations of employers, of employers and workers, or of employees, are also eligible to coöperate membership.

NEW PROBLEMS

The three "new problems" listed in the previous annual report have been dealt with along the lines indicated in that summary.

Trachoma work has been provided for by appropriation (available after the expiration of the year covered by the present report) of $10,000, to be expended for personnel to carry on trachoma work in connection with federal and local authorities. A program of intensive, county-wide surveys has been adopted, to be followed up in each county by provision for free treatment.

Venereal disease control work was continued and expanded during the year, with the aid of federal funds, and the legislature has made appropriations of $25,000 for this activity for each of the next two years, to which will be added equal amounts from federal funds.

Responsibility for the tuberculous soldier problem was assumed by the War Department after the submission of the last previous report, enabling the state to be relieved of extended activities in this connection.

The influenza epidemic, beginning in October, 1918, and extending through the winter and early spring, was the greatest problem which developed during the year. Emergency control measures which were put into operation are outlined in the summary of activities of the Division of Communicable Diseases and regulations and official instructions which were adopted are quoted in the Public Health Council report herewith. The ineffectiveness of the state's system of local health organization in the face of a serious epidemic was strikingly demonstrated by the influenza outbreak. The lessons to be learned from the epidemic are:

(1) The need for extended research work in influenza, to develop adequate measures of control and prevention.

(2) The need in Ohio for adequate local health organization, in-

cluding adequate public health nursing service.

The problem of improving the local health administrative system of the state first assumed concrete form through the investigations and report of the Ohio Health and Old Age Insurance Commission, which recommended strengthening of means for disease prevention as a part of its program for reducing the burdens of sickness. The Department prepared the bill to create general and municipal health districts, introduced by Representative Hughes of Lorain, passed by the General Assembly April 17, approved by the Governor May 9 and filed with the Secretary of State May 12. At the end of the fiscal year the Department had before it the problem of organization created by the new law and was making preparations to put the new local health administrative system into operation January 1, 1920. In this work it is materially aided by legislative provision for the addition of eight district supervisors to the Department staff, effective July 1, 1919.

Recommendations

Action by the General Assembly in regard to recommendations made in the Thirty-third Report of the Department is gratifying. New enactments accomplish the following:

(1) Provision for an improved system of local health organizations; and for adequate means of state supervision.
(2) Appropriation of funds for the support of trachoma work.
(3) Financial provision for the permanent organization of venereal disease control activities.
(4) Addition of assistants to the staff of the Division of Child Hygiene.
(5) Adjustment to modern conditions of antiquated statutes for the control of communicable diseases.
(6) Restoration of the Bense Act, providing for correction of stream pollution, to substantially its original form, by repealing amendments inserted at the last preceding session.
(7) Strengthening of statutes for the control of prostitution.

All of the foregoing laws carry out, in whole or in part, the Department's recommendations of a year ago. In addition, the Assembly enacted the Sanitary District Law, providing for joint action by local political units in the solution of sanitary engineering problems, and made adjustments in the tuberculosis hospital laws which were deemed advisable in the adjustment of certain local difficulties.

In view of the strengthening of Ohio's health organization and program brought about by this great volume of legislation, it is deemed unnecessary at this time to make recommendations for further radical changes in the laws. An improved system of physical supervision of school children, as part of a statewide program of child welfare, and more efficient supervision of the environment and physical condition of the great body of industrial workers of Ohio, are among plans which the Department hopes to get under way in the near future. For this program, legislation just enacted provides a better foundation than previously existed. In carrying out its program, the Department needs continued generous financial support from the legislature.

The reorganization of the local health machinery of the state on a more efficient basis places upon the people of every health district the responsibility for giving strong support and coöperation to the district authorities in the work which they are about to undertake for

the public welfare. The State Department of Health bespeaks for the district boards of health the popular support which they must have if they are to give to the people of their districts the health protection which is so greatly needed. The future of public health progress in Ohio in the next few years rests very largely with the general public.

While making no suggestions for sweeping legislative changes such as have marked the past year's progress, the Department feels impelled to point out certain weaknesses in the state public health organization, which can easily be corrected. These points have, since the expiration of the fiscal year covered by this report, been brought to the attention of the Legislative Joint Committee on Administrative Reorganization and need be touched upon but briefly here:

(1) The Bureau of Vital Statistics, now a part of the Secretary of State's department, has, from the standpoint of functions, no connection whatever with the rest of that office, but has a vital and important connection with all phases of the work of the State Department of Health. For reasons of efficiency and economy and to promote the public welfare, the Bureau of Vital Statistics should be transferred to the State Department of Health.

(2) The state's research work in industrial health problems is carried on by the Division of Industrial Hygiene of the State Department of Health, while the enforcement of laws regulating the health of workers is in the hands of the Industrial Commission's Bureau of Workshops and Factories, which has a corps of inspectors but has no technical staff. All activities for the protection of the health of workers should be brought together under technical control, which might well be exercised by the State Department of Health.

(3) Overlapping of the prevention of blindness activities of the State Department of Health with those of the Blind Commission should be obviated by centering the whole work of blindness prevention in one administrative jurisdiction.

(4) Similar duplication in the correction and prevention of stream pollution, now carried on by both the State Department of Health and the Fish and Game Commission of the State Board of Agriculture should be wiped out by placing this control in a single department.

(5) Activities of the Dairy and Food Division of the State Board of Agriculture, which are concerned almost entirely with questions relating to health, should be transferred to the State Department of Health, which already carries on the division's laboratory work.

(6) Hotel inspection for purposes of health protection, assigned to the State Fire Marshal by recent legislation, is properly a function of the State Department of Health and should be transferred to this department. The inspectional work could be carried on by the Department's district supervisors, working in coöperation with district boards of health.

Appreciation

The Commissioner of Health expresses his deep appreciation of the loyalty and efficient service of all members of the Department staff. He expresses his gratitude to the

Public Health Council for its kindness in granting him a leave of absence for army service during the earlier half of the year and to those staff members who cheerfully shouldered additional burdens imposed by war conditions. The Deputy Commissioner deserves special commendation for his untiring service during the trying days of the influenza epidemic, when he was left single-handed in charge of the Department. Further appreciation is due the United States Public Health Service, the American Red Cross and physicians and nurses of Ohio and other states who gave assistance in controlling the influenza outbreak. The services of those members of the legislature who stood steadfastly for better health protection in Ohio are also particularly worthy of note. The coöperation and courtesy of other state officials with whom the work of the Department has brought him into contact are highly appreciated by the Commissioner of Health.

Report of Physical Condition of University Freshmen Given

A report of the physical examination of first year men at Ohio State University for the semester of 1919-1920 has been submitted to the State Department of Health by Dr. J. H. Nichols and is as follows:

Total number examined 1,802

	Number	*Per Cent.*
Number receiving "A" classification	471	26.1
Number eligible for efficiency test	471	26.1
Number passing the efficiency test	...	....
Eyes —		
Wearing glasses	201	11.1
Defective sight, not wearing glasses	355	19.1
Ears —		
Defective hearing	32	1.7
Nose —		
Deflected Septa	463	25.6
Septal Spurs	276	15.3
Hyp. Turbinates	236	13.0
Polyps	3	.16
Throat —		
Hypertrophied tonsils	282	15.6
Tonsils removed	175	9.7
Adenoids removed	82	4.5
Teeth —		
Decayed	89	4.9
Filled	1,627	90.2
Perfect	74	4.1
Pyorrhea	12	.66

	Number	Per Cent.
Neck—		
Thyroid gland–hyperplasia	22	1.2
Lungs—		
Rales	3	.16
Heart—		
Mitral regurgitation	16	.88
Aortic regurgitation	2	.11
Respiratory and Hemic murmurs	17	.04
Dilated heart	....	....
Myocarditis	2	.11
Neurotic	27	1.49
Genital Organs—		
Varicocele	116	6.4
Hernia	22	1.2
Hydrocele	8	.44
Undescended testicle	6	....
Removal of testicle	3	.16
Genita Urinary—		
Gonorrhea	15	.83
Chancre	....	....
Syphilis	....	....
Urine—		
Albumin in urine	79	4.3
Hyaline and granular casts	8	.44
Sugar	....	....
Blood Pressure—		
Over 150	90	4.9
Under 100	3	.16
Injured in Service—		
Gassed	8	....
G. S. W.	1	....
Shrapnel	6	....
Vaccination—		
Number referred for	270	15.00
Number vaccinated	1,532	85.
Men Referred for Special Treatment and Advice—		
Referred to Dentist	62	3.4
Referred to Oculist	24	1.3
Referred for nose and throat	46	2.5
Referred for other operations	16	.88
Postural and Structural Defects—		
Round shoulders	549	30.4
Right shoulder low	132	7.3
Left shoulder low	82	4.5
Head forward	545	30.2
Chest flat	38	2.1
Chest funnel	17	.94
Chest pigeon	7	.38
Scolosis	62	3.4
Kyphosis	3	.16
Lordosis	95	5.2
Flat feet	117	6.4

	Number	Per Cent.
Height and Weight—		
Height below 5 ft., 4 in.	39	2.1
Weight less than 120 lbs.	214	11.8
Habits—		
Tobacco users	687	38.17
Cigarette smokers	409	59.5
Cigar smokers	72	10.4
Pipe smokers	167	24.3
Tobacco chewers	39	5.6
Swimming—		
Able to swim	1,301	72.1
Unable to swim	501	27.8

Diseases of Freshmen Previous to Entering the University

Typhoid	198	10.9
Scarlet Fever	237	13.1
Smallpox	76	4.2
Diptheria	142	7.8
Pneumonia	276	15.3
Mumps	1,068	59.2
Measles	1,453	80.6
Tonsilitis	504	26.8
Influenza	278	15.4

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NEWS OF THE DEPARTMENT

Gleaned From Divisional Reports for January and February

The proposition of additions to the Springfield District of Tuberculosis Hospital, adding two units of thirty-two beds each with the possibility of a children's pavilion of fifty beds was taken up with the Board of Directors of the institution during the month and considerable publicity given the matter. The Miami County Commissioners are at the same time requesting admission to the district and the plan for the additions was made known to them.

Plans and specifications have been received by the Department, for approval, for the one hundred-bed pavilion for tuberculous children for Franklin County. The appropriation of $153,000 has already been made for this institution, to be located on the grounds of the present Franklin County Tuberculosis Hospital.

The State outline for the teaching of hygiene in the schools has been drawn up by the Department and received the approval of the State Superintendent of Public Instruction. The Ohio Children's Council has agreed to print this outline and to aid in putting the work into operation.

Bureau of Child Hygiene

The Bureau of Child Hygiene was without a Chief during the greater part of January, due to the fact that Dr. Frances M. Hollingshead resigned at the end of December. No appointment was made until January 26, when Miss Natalie Merrill, one of the assistants, was made Acting Chief.

On January 17, the inspection of maternity hospitals, under Dr. Blanche Hopkins, was transferred to the Bureau of Hospitals, thus taking it entirely out of the jurisdiction of the Bureau of Child Hygiene.

Surveys of the school situation

were made during the month in Clermont and Preble Counties and recommendations made for school inspection for these counties.

Bureau of Public Health Nursing

Miss Pearl Kamerer, formerly with the Cleveland Board of Health, also former member of the Tuberculosis Commission to Italy, joined the staff of Division Supervisors January 1st.

Four Round Tables for nurses were held this month. The meetings were held in Warren, Salem, Delaware and Troy. Owing to the influenza epidemic, which did not develop until after all preparations had been made, not as many nurses were present as otherwise would have been. The nurses are very enthusiastic about these meetings. There are three more meetings still to be held; however, owing to the influenza it has been necessary to postpone them for the time being.

Miss Effie Stinehour has been appointed public health nurse for the Department of Health, Findlay, Ohio.

Miss Alice Minor has been appointed Red Cross Public Health Nurse for Hudson, Ohio.

Miss Adelaide Brewster is the second Red Cross Public Health Nurse appointed for Wayne County. Miss Brewster's headquarters will be in Orrville.

Mrs. Ada Wright has been appointed Public Health Nurse for Fremont. The nursing work is being financed from the money realized from the sale of Red Cross seals and voluntary contributions.

Mrs. Travers has been appointed Public Health Nurse for Marion County.

Miss Charlotte Ludwig resigned as Supervisor of Tuberculosis Nurses in Cleveland.

Miss Margaret Shoebottom was appointed Public Health Nurse for Shelby.

Miss Rose A. Neiser has been appointed Red Cross Public Health Nurse for Oxford.

Miss Helen Pratt has been appointed Red Cross Public Health Nurse for Urbana.

Miss Doris M. Rarey has been appointed Public Health Nurse for Kenton.

Mrs. Metzger resigns as Public Health Nurse in Chillicothe.

Mrs. Ada B. Klopfer has been appointed Red Cross Public Health Nurse for Delphos, Ohio.

Beginning with the new year the Bureau with its increased staff of nurses inaugurated a new type of service, sending a Division Supervisor to assist each new public health nurse in establishing her work; the length of time spent with the individual nurse depending entirely upon her previous training and experience in rural public health nursing; return visits are made as frequently as is deemed necessary. The nurses are very appreciative of this service, as are the associations employing them.

In view of the fact that the County Superintendent of Schools of Hardin County is making every effort to secure permanent nursing service in his schools, Miss Cunningham was sent to Hardin County for a period of two weeks to demonstrate school nursing in the community.

PREVENTION OF BLINDNESS.

Number of cases reported	144
White	114
Colored	22
Unknown	8
Number of cases reported by physicians	29

Number of cases reported by physicians	30	Number of cases reported by physicians	1
Number of cases reported by physicians	23	Number of cases reported by physicians	4
Number of cases reported by physicians	61	Cases investigated by Department	
		Prophylactic outfits distributed	

TUBERCULOSIS HOSPITAL ADMISSIONS AND DISCHARGES.

Institutions	Number of Admissions	Number of Discharges	Total No. of Admissions and Discharges
Ohio State Sanatorium	31	40	71
Butler County Sanatorium	1	1	2
Franklin County Sanatorium	20	20	40
Lucas County Tuberculosis Hospital	17	24	41
Dayton District Hospital	12	8	20
Lima District Hospital	6	2	8
Springfield District Hospital	12	12	24
Springfield Lake Sanatorium	20	8	28
Mt. Logan Sanatorium	2	2	4
Rocky Glen Sanatorium	17	5	22
St. Anthony's Hospital	7	4	11
Total	145	126	271

DISCHARGED TUBERCULOUS SOLDIERS.

	Jan., 1920	*Total*
Number notifications received	27	1,079
Number cases referred to public health nurses	14	741
Number reports received from public health nurses	4	409
Number cases written directly	3	329
Number replies received	...	73
Number cases visited by Division Nurses	...	295
Number cases admitted to sanatoria	...	56
Number of cases non-obtainable	1	132

Bureau of Venereal Diseases

During the month the following State institutions have coöperated with the Bureau of Venereal Disease in treatment of venereal patients and are now receiving arsphenamine and making regular reports to the Bureau:

Athens State Hospital.
Cleveland State Hospital
Dayton State Hospital.
Ohio Penitentiary.
Ohio Reformatory for Women.

Arsphenamine has been offered to local health officers to be supplied to physicians for treatment of indigent patients. Up to date, five county health officers have availed themselves of this privilege and made requisition for arsphenamine.

The Annual Convention of the State Y. M. C. A. Secretaries was attended. At this meeting the "Keeping Ft" program was presented and discussed, and the films

"Fit to Win" and the Animated V. D. film shown.

The organization of the "Keeping Fit" campaign is nearing its completion. It is expected that the official approval of the Ohio Manufacturers' Association will soon be obtained, schedule is being completed for the rotation of charts and slides in several cities and the mailing list for industrial and rural boys is practically ready for the literature.

The state support of the clinics at Ashtabula and Lorain was withdrawn as of January 1, 1920. An assistant for the city clinic at Cincinnati was approved and began his services January 15th.

The pamphlet for girls "On Guard" has been reprinted and is now furnished in the uniform size pamphlet as the rest of the series of V. D. pamphlets, the title having been changed to "How a Girl Can Guard Her Health."

Bureau of Hospitals

On January 14 the Commissioner delegated Miss Harriet Leete of the Cleveland Hospital and Health Survey staff to act as agent for this Department in the matter of securing the return of annual reports from Cleveland Hospitals.

EDUCATION AND PUBLICITY

Editorial Comment on the work of the Bureau appeared in the January numbers of "Hospital Management" and "The Modern Hospital."

REGISTRATION

Hospitals —		
Number on record Dec. 31, 1919	355	
Added during January	2	
Total		357
Removed from mailing list to Dec. 31	65	
Removed during January	3	
Total		68
Remaining on mailing list Jan. 31		289
Registered to Dec. 31	239	
Removed from registration to Dec. 31	2	
Remaining registered Dec. 31		237
Registered during January		2
Total registration Jan. 31		239
On mailing list not registered		50
Estimated bed capacity on mailing list		32,700
Total bed capacity registered to Jan. 31		30,165
Percent of beds registered		92%
Dispensaries —		
Number on record Dec. 31, 1919	60	
Added during Jan., 1920	1	
Total of record Jan. 31		61
Removed from mailing list to Dec. 31	1	
During January	0	
Total		1
Remaining on mailing list		60
Registered to Dec. 31	48	
During January	0	
Total		48
On mailing list not registered	12	12
Percent registered		80%

DIVISION ON INDUSTRIAL HYGIENE

The work of the Division consisted of consulting services, investigative and educational work and routine, along the following lines: Complaints received, 2; requests for advice received, 17. The Division coöperated with the officials conducting a survey of hygiene in Cleveland manufacturing plants. A considerable portion of the time of the Division has been taken up with laying plans for the development of industrial vital statistics for this State. Investigation was made of 4 reports submitting doubtful diagnoses; other investigations included the hygiene, sanitation and medical service in an agricultural implement factory; the preparation of mortality statistics of bituminous coal miners of Ohio for the years 1917 and 1918; the investigation of mysterious death in a coke company's plant; 12 lectures delivered to 42 students on subjects relating to public health; 573 pieces of literature were distributed, a good portion of which was forwarded to physicians practicing in the neighborhood of coal mines. One article was published in the American Journal of Public Health dealing with the subject "Non-Poisonous Dusts"; 14 pages of abstracts and reviews of the literature on industrial hygiene were prepared for publication in the American Journal of Public Health; 14 réports of occupational disease were received as follows: 10 cases of lead poisoning — three occurring in white lead plants, four in storage battery plants, one in which the industry was not stated, one in an agriculture chemical plant and one in a tar and dye plant; 3 cases of carbon monoxide poisoning, all occurring in a farm implement concern; 1 case of anilin poisoning in a dye plant; report forms distributed — 40; medical record forms furnished to plants engaged in manufacturing lead products — 60.

For the month February the division reports the following activities.

The following activities comprising the work of this Division for the month of February, 1920, include consulting services, investigative and publicity work. Requests for advice received — 15; complaints received — 3; consultation services included questions relating to the poisonous properties of tin, acetone, creosote, mustard gas, coal mine dump gases and mustard gas eye afflictions, also the following subjects: miners' washhouse law; field for public health nursing in industrial plants; correct shoes for workers; industrial fatigue and the qualification of personnel for positions in industrial medical service; an article was prepared dealing with the subject of "Excessive Mortality from Influenza-Pneumonia Among Bituminous Coal Miners of Ohio in 1918"; 19 lectures were delivered to 172 persons pursuing course of training in subjects relating to public health; 449 pieces of literature were distributed also 48 occupational disease report forms. Attention is directed to the fact that H. B. No. 450, by Mr. Hughes, was signed by the Governor on the fourth of February and will become effective the fourth day of May, 1920. This measure provides a penalty of not to exceed $100 or imprisonment for not to exceed 90 days or both for the failure or refusal of any physician to make a report of a case of occupa-

tional disease. The measure also enables the State Department of Health to amplify the list of occupational disease ailments which physicians shall be required to report upon.

DIVISION OF LABORATORIES

The following is a report of the number of examinations made and outfits distributed by the division of laboratories during January and February, 1920.

BACTERIOLOGICAL LABORATORY.

Diphtheria	Pos.	98	Neg.	301	Sus.	39	N. G.	11	449
Tuberculosis	Pos.	102	Neg.	392	Sus.	2			496
Typhoid	Pos.	31	Neg.	77	Sus.	9			117
Paratyphoid "A"	Pos.	0	Neg.	6	Sus.	1			7
Paratyphoid "B"	Pos.	0	Neg.	6	Sus.	1			7
Wassermann	Pos.	691	Neg.	1729	Unsat.	103			2,523
Gonorrhea	Pos.	42	Neg.	130	Unsat.	19			191
Malaria	Pos.	0	Neg.	2					2
Rabies	Pos.	6	Neg.	5	Unsat.	1			12
Water									89
Miscellaneous									8
Total Bacteriological Examinations									3,901

CHEMICAL LABORATORY

State Department of Health

	Total
Water	15
Sewage	2
Sand	8
Miscellaneous	8
Total for State Department of Health	33

State Board of Agriculture

	Total
Foods	142
Drugs	39
Fertilizers	20
Feeding Stuffs	175
Limestones	1
Insecticides	20
Miscellaneous	3
Total for State Board of Agriculture	400
Total for Chemical Laboratory	433
Grand Total	4,334

OUTFITS

Diphtheria	729
Tuberculosis	951
Typhoid	340
Wassermann	3,284
Gonorrhea	500
Inflammation of Eye	6
Malaria	38

Faces	18
Ophthalmia	4,686
Chemical Water	7
Quarts	12
Bacteriological Water	238
Total	10,809

FOOD AND DRUG SAMPLES EXAMINED IN JANUARY, 1920, WITH SUMMARY OF CONCLUSIONS REPORTED.

Foods.

Product.	*Satisfactory.*	*Misbranded.*	*Adulterated.*	*Insufficient information.*	*Total.*
Butter	2	....	....	....	2
Coffee	1	....	....	....	1
Cream	....	....	....	40	40
Egg substitutes	....	....	1	....	1
Flour	2	....	1 (poisoned)	....	3
Hamburger	20	....	2	....	22
Lard	15	....	....	....	15
Milk	8	....	1	....	9
Ripe Olives	44	....	....	....	44
Oysters	....	....	1	....	1
Soft drinks	1	....	....	....	1
Vinegar	1	....	2	....	3
Total Foods	94	....	8	40	142

Drugs.

Product.	*Satisfactory.*	*Misbranded.*	*Adulterated.*	*Insufficient information.*	*Total.*
Acetyl Salicylic Acid	1	....	....	....	1
Camphor Spirits	2	....	....	....	2
Camphorated Oil	2	....	4	....	6
Castile Soap	3	....	8	....	11
Milk of Magnesia	1	....	....	....	1
Oleic Acid	1	....	....	....	1
Ess. Peppermint	....	....	1	....	1
Proprietaries	3	4	1	....	8
Quinine	1	....	....	....	1
Suspected Narcotics	1	....	2	....	3
Toilet Waters	1	1	....	....	2
Tincture Iodine	1	....	....	....	1
Suspected Alcoholic Liquors	....	....	....	1	1
Total Drugs	17	5	16	1	39

Miscellaneous.

"Parting" (used in iron moulding)	1	....	....	....	1
Cream test bottles	2	....	....	....	2
Grand Total	114	5	24	41	184

REPORT OF SAMPLES FROM THE STATE BOARD OF AGRICULTURE —JANUARY, 1920

	Foods	*Drugs*	*Misc.*	*Fert.*	*Lime*	*Stuff*	*Insect.*	*Total*
Received in Jan.	87	33	0	6	0	152	1	279
Reported in Jan.	142	39	3	20	1	175	20	400
On Hand Jan. 1, 1920	107	38	3	17	1	227	20	413
On Hand Feb. 1, 1920	52	32	0	3	0	204	1	292

DISTRIBUTION OF WASSERMANN TESTS AS REGARDS VENEREAL DISEASE CLINICS, INSTITUTIONS, AND INDIVIDUAL PHYSICIANS—JANUARY, 1920

	Neg.	*Pos.*	*Unsatis.*	*Total*
Venereal Disease Clinics	451	185	16	652
Institutions	484	99	13	596
Private Physicians	794	407	74	1,275
Total	1,729	691	103	2,523

BACTERIOLOGICAL LABORATORY

								Total
Diphtheria	Pos.	61	Neg.	195	Sus.	37	N. G. 9	312
Tuberculosis	Pos.	92	Neg.	399	Sus.	1		492
Typhoid	Pos.	22	Neg.	53	Sus.	3		78
Gonorrhea	Pos.	30	Neg.	153	Unsat.	4		187
Malaria	Pos.	1						1
Rabies	Pos.	12	Neg.	4	Unsat.	1		17
Wassermann	Pos.	491	Neg.	1752	Unsat.	73		2,316
Water								230
Miscellaneous								15
Total Bacteriological Examinations								3,638

CHEMICAL LABORATORY

State Department of Health

	Total
Water	4
Sand	8
Miscellaneous	4
Total for State Department of Health	16

State Board of Agricuulture

	Total
Foods	93
Drugs	19
Fertilizers	1
Feeding Stuffs	125
Total for State Board of Agriculture	238
Total for Chemical Laboratory	254
Duplicate samples received—	
Analyses checked and reported	16
Grand Total	3,908

OUTFITS

Diphtheria	1,012
Tuberculosis	843
Typhoid	215
Wassermann	3,219
Gonorrhea	505
Inflammation of Eye	6
Malaria	69
Faces	55
Miscellaneous	91
Ophthalmia	2,363
Triple Typhoid Vaccine	24
Bacteriological Water	64
Quarts	4
Total	8,473

FOOD AND DRUG SAMPLES EXAMINED IN FEBRUARY, 1920, WITH SUMMARY OF CONCLUSIONS REPORTED.

Foods.

Product.	*Satisfactory.*	*Misbranded.*	*Adulterated.*	*Insufficient information.*	*Total.*
Buckwheat flour	1	....	....	....	1
Butter	4	....	....	....	4
Candy	1	....	....	....	1
Cider	1	....	....	....	1
Cream	....	....	....	3	3
Egg substitutes	....	....	1	....	1
Hamburger	3	....	1	....	4
Ketchup	2	....	1	....	3
Milk	9	....	33	....	42
Egg Noodles	1	....	....	....	1
Weiners	5	....	2	....	7
Soft Drinks	3	....	5	....	8
Sugar	2	....	1	....	3
Vinegar	6	....	8	....	14
Total Foods	38	....	52	3	93

Drugs.

Product.	*Satisfactory.*	*Misbranded.*	*Adulterated.*	*Insufficient information.*	*Total.*
Camphorated Oil	3	....	1	....	4
Citrate of Magnesia	....	....	1	....	1
Jamaica Ginger	1	....	....	....	1
Saccharine Tablets	1	....	....	....	1
Proprietaries	1	2	1	....	4
Santal Oil Capsules	1	....	....	....	1
Suspected Narcotics	3	....	1*	....	4
Suspected Liquor Samples	....	....	3**	....	3
Total Drugs	10	2	7	....	19

* Narcotic present.
** Alcohol present.

DISTRIBUTION OF WASSERMANN TESTS AS REGARDS VENEREAL DISEASE CLINICS, INSTITUTIONS, AND INDIVIDUAL PHYSICIANS, FEBRUARY, 1920.

	Neg.	*Pos.*	*Unsatis.*	*Total.*
Venereal Disease Clinics	350	99	11	460
Institutions	688	98	14	800
Private Physicians	714	294	48	1,056
	1,752	491	73	2,316

REPORT OF SAMPLES FROM THE STATE BOARD OF AGRICULTURE —FEBRUARY, 1920.

	Foods.	*Drugs.*	*Fert.*	*Lime.*	*Feeding Stuffs.*	*Insecticides.*	*Total.*
Received in February	81	25	17	1	114	1	239
Reported in February	93	19	1	...	125	...	238
On hand February 1, 1920	52	32	3	...	204	1	292
On hand Maarch 1, 1920	40	38	19	1	193	2	293

Bureau of Publicity

January

The Bureau issued 13 publicity articles in January. Nine stories released through the weekly News Letter in January were published in 61 papers in 54 communities, attaining an average of 26,774 printed copies of each story. Other publicity material appeared in the Ohio State Medical Journal, the American Journal of Public Health and selected groups of newspapers.

New publications and new editions of old publications issued during the month were:

Reprint 1905, "Hughes Health Law as Amended by the Griswold Act."

Reprint 1906, "The Trachoma Problem in Ohio."

Health Education Bulletin 112, "Your Baby's Eyes — How to Save Them."

Health Education Bulletin 131, "The Ravage of the Innocents."

Distribution of publications totaled 16,277 in January.

Additions to the Library numbered 11.

Five sets of lantern slides were sent out on loan in January.

PUBLIC HEALTH NOTES FROM OVER THE STATE

Gets Disposal Plant

Work on the sewage disposal plant at E. 140th street and Lake Shore boulevard N. E. will commence as soon as weather permits, it was announced recently by Service Director Alex Bernstein following approval of plans by the state health commissioner.

The board of control authorized Bernstein to proceed under conditions imposed by the state health commissioner. These are that an expert be placed in charge of the plant, that additional processes will be installed as necessary and that construction begin before June 1.

The contract has been let to the American Construction Co. at $320,000.— Cleveland *Plain Dealer.*

Board of Health Funds

The county auditor has made the distribution of amounts which will be transferred from township and corporation funds to the district Board of Health fund, one-half in February and one-half in August, as follows: Adams township, $135.32; Cambridge, $588.40; Center, $224.24; Jackson, $341.40; Jefferson, $96; Knox, $74.60; Liberty, $165.92; Londonderry, $164.24; Madison, $110.54; Millwood, $224.40; Monroe, $104.64; Oxford, $141.56; Richland, $259.36; Spencer, $155.24; Valley, $341.66; Washington, $87.58; Westland, $180.22; Wheeling, $182.42; Wills, $168.70; Byesville Corp., $255.10; Cumberland, $86.40; Fairview, $20.36; Kimbolton, $23.08; Lore City, $50.40; Pleasant City, $72.36; Quaker City, $132.18; Salesville, $17.94; Senecaville, $62.00; Washington, $29.30. Total, $4.500,000. This will be far more expensive to both the town and township than the old system. It ought to be more effective. — *Echo,* Cumberland, O.

STATE DEPARTMENT OF HEALTH.

Public Health Council.

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W. I. JONES, D. D. S. ..... Columbus
ROBERT M. CALFEE ..... Cleveland
GEORGE D. LUMMIS, M. D., *Chairman* ..... Middletown
ALLEN W. FREEMAN, M. D., *Commissioner* ..... Columbus
JAMES E. BAUMAN, *Secretary.*

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BUREAU OF TUBERCULOSIS.
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PEARL KRAMER, R. N. ..... *Division Supervising Nurse*
NORA D. ABBE, R. N. ..... *Division Supervising Nurse*
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..... *Inspector Maternity Hospitals*

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F. D. STEWART ..... *Assistant Engr.*
E. I. ROBERTS ..... *Assistant Engr.*
RALPH C. SWEENEY .... *Assistant Engr.*
_____ .... *Assistant Engr.*

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ASA A. MANCHESTER ..... *Deputy State Inspector*
CHARLES A. FOLEY ..... *Deputy State Inspector*

Division of Laboratories.

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MARY E. KLINE, M. A. ..... *Assistant Bacteriologist*
LEO F. EY ..... *Serologist*
RUSSELL D. SCOTT, B. S. ..... *Chemist*
E. G. WILL, B. S. ..... *Asst. Chemist*
STELLA B. MILBURN, B. SC., *Asst. Chemist*
A. N. THURSTON, M. A. .. *Asst. Chemist*
T. A. DICKERSON, A. B. ... *Asst. Chemist*
CLARA C. WEGENER ..... *Asst. Chemist*

Division of Industrial Hygiene.

E. B. STARR, M. D. ..... *Director*
E. R. HAYHURST, M. D. ..... *Consultant*

Division of Communicable Diseases.

F. G. BOUDREAU, M. D. ..... *Director and Epidemiologist*
R. HOPKINS, M. D. ..... *Assistant Epidemiologist*
SARA KERR, B. A. ..... *Statistician*

Bureau of Trachoma Clinics.

ROBERT LOCKHART, M. D. ..... *Chief*

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_____ ..... *District No. 2*
_____ ..... *District No. 3*
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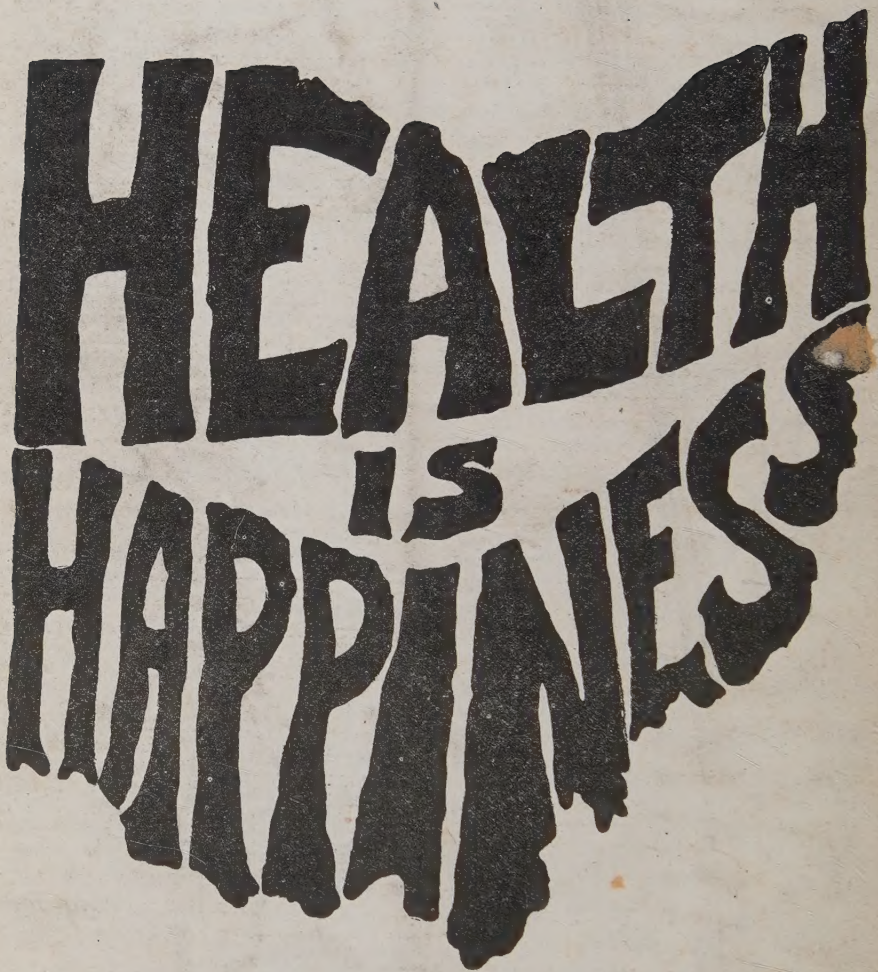
RALPH B. TATE, M. D. ... *District No. 7*
E. R. SHAFFER, M. D. .... *Disrtict No. 8*


HEALTH
IS
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